



Dental Cents[®]

**A COMMON SENSE
DENTAL PLAN
FOR GROUPS OF
2 THROUGH 9
EMPLOYEES**



Companion Life

A Lifetime Of Commitment

Dental Cents Benefits

Dental “Cents” is fully insured by Companion Life Insurance Company and offers groups with two to nine employees the choice of two plans. No other coverage is required and **you and your employees have your choice of Dentists.**

Plan A Covered Services	Plan B Covered Services
<p>This plan pays 100% coverage of allowable charges for Preventive Services, 80% coverage for Basic Services, and 50% coverage for Major Services after a combined \$100 lifetime deductible (all covered services) per person. There is a 12 month waiting period for Major Services. Maximum contract year benefit is \$1,000.</p>	<p>This plan pays 100% coverage of allowable charges for Preventive Services, 80% coverage for Basic Services, and 50% coverage for certain specified Major Services after a combined \$100 lifetime deductible (all covered services) per person. Maximum contract year benefit is \$1,000.</p>
<p>Class I – Preventive Services Routine exams and cleanings (two per 12 months), Bitewing X-rays (two per 12months), X-rays of the roots of teeth, X-rays, full mouth or panorex (one per 36 months), Fluoride treatment for children under age 19 (two per 12 months), Emergency treatment for dental pain (minor procedures), Space maintainers, Sealants for children ages 6 through 15 (one per tooth per 36 months).</p>	<p>Class I – Preventive Services Routine exams and cleanings (one per 12 months), Bitewing X-rays (one per 12 months), Fluoride treatment for children under age 19 (one per 12 months), Emergency treatment for dental pain (minor procedures).</p>
<p>Class II – Basic Services Simple restorative services (fillings), Root canals, Teeth removal and other oral surgery, Medically appropriate anesthesia related to covered surgery, Recementation of crowns, Full and partial denture repair.</p>	<p>Class II – Basic Services (Six month waiting period) Simple restorative services (fillings), Sealants for children ages 6 through 15 (one per tooth per 36 months).</p>
<p>Class III – Major Services Major endodontics (surgical procedures); Periodontics; Dentures, bridges, inlays, onlays and all associated charges; Crowns.</p>	<p>Class III – Major Services (Twelve month waiting period) Endodontics (includes Root canals), Periodontics, Space maintainers, Teeth removal and other oral surgery, Medically appropriate anesthesia related to covered surgery, X-rays of the roots of teeth, X-rays, full mouth or panorex (one per 36 months).</p>
<p>Class IV – Orthodontia Services No deductible, 50% coverage, \$1,000 lifetime maximum, Children under 19 only, 12 month waiting period.</p>	<p>Major Services which are NOT covered Dentures, bridges, inlays, onlays and all associated charges; Crowns, except associated with a root canal procedure performed while covered under this plan.</p>
<p>Takeover Benefits If requirements below are met</p>	<p>Takeover Benefits If requirements below are met</p>

Takeover means that you and your employees are given credit for waiting periods for like coverages accumulated under your existing plan. Takeover benefits are available for both Dental “Cents” Plan A and Plan B. For Takeover consideration, the following is required:

- Evidence that the prior carrier’s coverage has been in force for at least 12 months prior to the effective date of your Dental “Cents” plan. Waiting periods will be reduced by the amount of time insured under the prior plan.
- A copy of your most recent bill that includes a listing of all covered employees. **Please be sure to note the employees’ effective date of coverage.**
- A copy of the inforce dental plan (*contract, certificate or booklet*).

Payment is based upon allowable charges in the area in which the service is rendered. Any dentist fee above the allowable charge is not an eligible expense. *Takeover benefits must be requested, and are subject to the approval of Companion Life.*

Dental Eligibility Guidelines

Firms: Sole proprietorships, partnerships or corporations with at least two full-time employees, including active, full-time owners or partners, are eligible.

Employees: All active, full-time employees working at least 30 hours per week, including active, full-time owners or partners are eligible. Those employed on the date the firm becomes insured with Companion Life are eligible on that date. New employees hired after that date are eligible upon completion of the waiting period selected by the employer.

Dependents: Eligible dependents include the insured employee's spouse and unmarried children prior to their 19th birthday who do not work for the firm. In addition, unmarried children from their 19th birthday to the day before their 24th birthday are eligible if they are full-time students attending an accredited educational institution and primarily dependent upon the employee for support and maintenance.

Non-standard and Ineligible Industries: Some industries are not eligible under this program, and others require special rating consideration. Refer to the rate information insert to this brochure for details, or contact Companion Life directly for more information.

Companion Life reserves the right to reject any business or industry which does not, in our opinion, represent a sound underwriting risk.

Participation Requirements

Employee Participation: The Dental "Cents" insurance plans are designed for businesses with 2-9 employees, and must be offered to all eligible employees of the business (see definition of "eligible employees" under Dental Eligibility Guidelines above). It is not acceptable to "carve out" or split off a specific class of employee to be insured. **For employer groups of 2-5 employees, all employees must be insured under the program. For employer groups of 6-9 employees, at least 5 employees must be insured under the program.**

Firms that fall below minimum employee participation will have **90 days** to bring the participation to the required level. If less than the required number of employees are insured after 90 days, the firm's coverage will be terminated.

Exception: There is one exception to the requirement that **all employees must be insured for firms with two to five employees.** That is when a husband and wife are both employed in the same business and the couple also has dependent children who are to be insured. Then either the husband or wife may elect to be insured as a dependent rather than as an employee.

Dependent Participation: There is no participation requirement for dependents.

Employer Contribution: The employer must contribute a minimum of 25% of the cost of dental insurance for each covered employee.

My Insurance Companion

What is My Insurance Companion? An innovative Web-based technology designed especially for Companion Life Dental Providers and Members. It's free. It's secure.

Members may use My Insurance Companion to check claims status, verify eligibility, request an ID card, view Explanation of Benefits (EOB), receive pre-treatment estimate status and ask customer service.

Dental Professionals may use My Insurance Companion to enter claims online, verify patient eligibility, check claims status, check the status of services rendered using the graphical tooth display and view dental pre-estimate and orthodontic letters.



Miscellaneous Benefits

Predetermination of Benefits:

As a service to protect the insured, Companion Life will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps insureds better understand their coverage. The insured should submit the treatment plan to Companion Life for review and predetermination of benefits before the service begins.

Coordination of Benefits:

Employees and their dependents should not make a profit from being insured under more than one group insurance policy. To prevent this from happening, most group insurance policies include a coordination of benefits provision. The coordination of benefits provision under this plan allows for coordination of benefits with any other group payments. When all benefits are added together, no more than 100 percent of the covered expenses will be paid.

Companion Life Dental Plan

Changes: Should an employer switch from one Companion Life plan to another, employees will be given credit for waiting periods accumulated.

RATES ARE GUARANTEED FOR 12 MONTHS.

Limitations

We will not pay benefits for the following non-covered expenses.

1. Any treatment for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. Any expense incurred or procedure begun before your current period of continuous coverage, unless takeover benefits apply.
3. Any expense incurred or procedure begun after your insurance under this section terminates, except under Plan A for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
4. Education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
5. Broken appointments or the completion of claim forms.
6. Under Plan B, for prothodontics (including, but not limited to, dentures or bridges); crowns (except associated with a root canal procedure performed while covered under Plan B), inlays, onlays, or other precious or semiprecious metal restorations.
7. Harmful-habit appliance therapy.
8. Orthodontics or any services associated with orthodontic therapy under Plan B or under Plan A when this optional coverage is not elected and the premium is not paid. In any event, orthodontia covered charges will not include charges:
 - a. incurred by employee or spouse;
 - b. incurred by dependent children age 19 or over;
 - c. for any services payable under any other provisions of the policy; or
 - d. for any services in the first 12 months the Insured is covered under this policy.
9. Sealants which are:
 - a. not applied to a permanent molar.;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
10. Any injury arising out of, or in the course of, work for wage or profit.
11. Any injury or condition for which you are eligible for benefits under any Workers' Compensation act or similar laws.
12. Charges for which you are not liable or which would have not been made had no insurance been in force.
13. Services not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
14. Conditions as a result of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
15. Payment to you if payment is not legal where you are living when you incur the expenses.
16. Procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
17. Services or supplies a family member or a member of your household provides.
18. Basic services under Plan B incurred during the first six months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
19. Major services in the first 12 months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
20. Major services under Plan B which are not specifically listed in the group policy and certificate of coverage.
21. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge under Plan A within five years of the date of the last placement of these items. This does not include those you may need because of an accidental bodily injury you received while you had this insurance. We will not cover replacement if the item can be repaired.
22. Initial placement of any prosthetic appliance or fixed bridge, under Plan A unless for replacement of natural teeth pulled during the same period of continuous coverage. The removal of a third molar (wisdom tooth), however, does not qualify the appliance or bridge for payment. Any such appliance or fixed bridge must include the replacement of the pulled tooth or teeth. Coverage does not include paying for the replacement of teeth pulled before you had this coverage.
23. Addition of teeth to an existing prosthetic appliance or fixed bridge under Plan A unless for replacement of natural teeth pulled during the same period of continuous coverage. The removal of a third molar (wisdom tooth) does not qualify the appliance or bridge for payment.
24. Duplication of appliances or replacement of lost or stolen appliances.
25. Appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasions or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
26. Subgingival curettage or root planing (procedure numbers 4220 and 4341), unless the presence of periodontal disease is confirmed by both X-rays and pocket depth summaries of each tooth involved.
27. Any services related to equilibration, bite registration or bite analysis.
28. Crowns for the purpose of periodontal splinting.
29. For charges for any implants, overdentures and associated precision or semi-precision attachments and any related endodontic treatment associated with it; or other customized attachments.
30. Charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.

Some Products Not Available In All States

COMPANION®



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